

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Daytona State College - Optician Technology Program Equipment
2. Date of Submission: 11/07/2017
3. House Member Sponsor: David Santiago
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

| FY: | Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i> | | | Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i> | | |
|--------------------|---|-------------------------------|---|---|--|---|
| Column: | A | B | C | D | E | F |
| Funds Description: | Prior Year Recurring Funds | Prior Year Nonrecurring Funds | Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i> | Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i> | Additional Nonrecurring Request | TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i> |
| Input Amounts: | | | | | 350,000 | 350,000 |

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Education
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Financial consequences may include the withholding of a certain amount of funding, appropriate to the level of service being provided, or percentage reductions in specified payments.

6. Requester:

- a. Name: Thomas LoBasso, President
- b. Organization: Daytona State College
- c. Email: thomas.lobasso@daytonastate.edu
- d. Phone #: (386)212-4468

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Thomas LoBasso, President
- b. Organization: Daytona State College
- c. Email: thomas.lobasso@daytonastate.edu
- d. Phone #: (386)212-4468

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Jerry McDaniel
- b. Firm: Southern Strategy Group
- c. Email: mcdaniel@sostrategy.com
- d. Phone #: (850)566-6068

9. Organization or Name of entity receiving funds:

- a. Name: Daytona State College
- b. County (County where funds are to be expended): Flagler, Volusia
- c. Service Area (Counties being served by the service(s) provided with funding): Flagler, Volusia

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College

Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Purchase of equipment for the establishment of new 72 credit hour Associates Degree Program.

12. Provide specific details on how funds will be spent. (Select all that apply)

| Spending Category | Description | Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category |
|---|--|--|
| Administrative Costs: | | |
| <input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits | | |
| <input type="checkbox"/> b. Other Salary and Benefits | | |
| <input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other | | |
| <input type="checkbox"/> d. Consultants/Contracted Services/Study | | |
| Operational Costs: | | |
| <input type="checkbox"/> e. Salaries and Benefits | | |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Laboratory and classroom renovations to accommodate equipment and lab needs. Equipment for the student laboratories. | 350,000 |
| <input type="checkbox"/> g. Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 350,000 |

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Needs assessment community survey conducted May 2016 among optician offices in Volusia County. Of 24 offices that responded to the survey, over 90% indicated a need for the program and over 70% indicated difficulty in finding qualified dispensing opticians in our area. the Florida Department of Economic Opportunity reports that dispensing optician job growth will be over 17% in the next five years with an average hourly wage of \$19/hr

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

A two year, 72 credit hour associates degree program will be offered, preparing students for employment as dispensing opticians. The content includes lens surfacing, finishing and mounting; dispensing of completed prescriptions; fitting contact lenses; frame repair; business management techniques and human relations.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Instruction in optician technology resulting in a 72 credit hour associates degree.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

Elderly persons

Persons with poor mental health

- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

| Benefit or Outcome | Provide a specific measure of the benefit or outcome | Describe the method for measuring level of benefit |
|--|--|--|
| <input type="checkbox"/> Improve physical health | | |
| <input type="checkbox"/> Improve mental health | | |

| | | |
|---|---|--|
| <input type="checkbox"/> Enrich cultural experience | | |
| <input type="checkbox"/> Improve agricultural production/promotion/education | | |
| <input checked="" type="checkbox"/> Improve quality of education | The benefit will be local residents graduating with associates degree in Optician Technology, a program currently not offered in our area but which is the 19th fastest growing occupation in Volusia County. | Graduation rates, job placement rates and annual wages are all reported to the state annually and are used in computing performance measures for each Florida State College. |
| <input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality | | |
| <input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.) | | |
| <input type="checkbox"/> Improve transportation conditions | | |
| <input type="checkbox"/> Increase or improve economic activity | | |
| <input type="checkbox"/> Increase tourism | | |
| <input checked="" type="checkbox"/> Create specific immediate job opportunities | The benefit will be local residents graduating with associates degree in Optician Technology, a program currently not offered in our area but which is the 19th fastest growing occupation in Volusia County. | Graduation rates, job placement rates and annual wages are all reported to the state annually and are used in computing performance measures for each Florida State College. |
| <input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency | Individuals who complete this program will be likely to secure a job in a fast growing/high wage industry. | Job placement rates and annual wages are all reported to the state annually and are used in computing performance measures for each Florida State College |
| <input type="checkbox"/> Reduce recidivism | | |

| | | |
|---|--|--|
| <input type="checkbox"/> Reduce substance abuse | | |
| <input type="checkbox"/> Divert from Criminal/Juvenile justice system | | |
| <input type="checkbox"/> Improve wastewater management | | |
| <input type="checkbox"/> Improve stormwater management | | |
| <input type="checkbox"/> Improve groundwater quality | | |
| <input type="checkbox"/> Improve drinking water quality | | |
| <input type="checkbox"/> Improve surface water quality | | |
| <input type="checkbox"/> Other (Please describe): | | |

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

| Type of Funding | Amount | Percent of Total | Are the other sources of funds guaranteed in writing? |
|--|----------------|------------------|---|
| 1. Amount Requested from the State in this Appropriations Project Request: | 350,000 | 100.0% | N/A |
| 2. Federal: | 0 | 0.0% | No |
| 3. State: (Excluding the requested Total Amount in #4d, Column F) | 0 | 0.0% | No |
| 4. Local: | 0 | 0.0% | No |
| 5. Other: | 0 | 0.0% | No |
| TOTAL | 350,000 | 100% | |

20. Is this a multi-year project requiring funding from the state for more than one year?

No